

SERFF Tracking Number:	CLBA-125688730	State:	Arkansas
Filing Company:	Columbia National Insurance Company	State Tracking Number:	EFT \$25
Company Tracking Number:	CNI-WCP-08-R02		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0000 WC Sub-TOI Combinations
Product Name:	Workers Compensation		
Project Name/Number:	Terrorism Revisions to the Advisory Misc. Values/CNI-WCP-08-R02		

Filing at a Glance

Company: Columbia National Insurance Company

Product Name: Workers Compensation	SERFF Tr Num: CLBA-125688730	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: EFT \$25
Sub-TOI: 16.0000 WC Sub-TOI Combinations	Co Tr Num: CNI-WCP-08-R02	State Status: Fees verified and received
Filing Type: Rule	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler
	Authors: Dennis McVay, Christina Walker, DeeDee Williams	Disposition Date: 06/10/2008
	Date Submitted: 06/09/2008	Disposition Status: Approved
Effective Date Requested (New): 09/01/2008		Effective Date (New): 09/01/2008
Effective Date Requested (Renewal): 09/01/2008		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: Terrorism Revisions to the Advisory Misc. Values	Status of Filing in Domicile: Not Filed
Project Number: CNI-WCP-08-R02	Domicile Status Comments:
Reference Organization: NCCI	Reference Number: B-1407
Reference Title: N/A	Advisory Org. Circular: CIF-2008-05
Filing Status Changed: 06/10/2008	
State Status Changed: 06/10/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

We are filing revised manual pages WC-10/WC-12, which we propose to use in our Workers Compensation Policy Program. Please note in the Advisory Miscellaneous Values Section that we have merely replaced the reference of "Foreign Terrorism" with the term "Terrorism" and replaced "Domestic Terrorism, Earthquakes, and Catastrophic Industrial Accidents" with "Catastrophe (Other than Certified Acts of Terrorism)". These changes are in reference to NCCI Item B-1407 Catastrophe Provisions Miscellaneous Values, Rules and Forms.

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Project Name/Number: Terrorism Revisions to the Advisory Misc. Values/CNI-WCP-08-R02

Company and Contact

Filing Contact Information

DeeDee Williams, Asst. Analyst dwilliams@colinsgrp.com
2102 White Gate Drive (573) 474-6193 [Phone]
Columbia, MO 65205 (800) 836-5713[FAX]

Filing Company Information

Columbia National Insurance Company CoCode: 19640 State of Domicile: Nebraska
2102 White Gate Drive Group Code: 807 Company Type: Stock
P O Box 618
Columbia, MO 65205 Group Name: Columbia Insurance State ID Number: 03
Group
(573) 474-6193 ext. [Phone] FEIN Number: 47-0685688

Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Columbia National Insurance Company	\$25.00	06/09/2008	20744352

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	06/10/2008	06/10/2008

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Disposition

Disposition Date: 06/10/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>CLBA-125688730</i>	<i>State:</i>	<i>Arkansas</i>
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Rate	Revised manual pages	Approved	Yes

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Rate Information

Rate data does NOT apply to filing.

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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Revised manual pages	WC-10 thru WC- Replacement 12		WC 10-12.pdf

COMMERCIAL LINES MANUAL

WORKERS COMPENSATION POLICY PROGRAM

ADVISORY MISCELLANEOUS VALUES

Advisory Loss Elimination Ratios - The following percentages are applicable by deductible amount and hazard group on a per claim basis*:

Total Losses							
Deductible Amount	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	13.0%	10.4%	8.9%	7.4%	6.2%	4.3%	3.2%
\$1,500	15.9%	12.8%	10.9%	9.2%	7.8%	5.4%	4.1%
\$2,000	18.1%	14.7%	12.6%	10.7%	9.1%	6.5%	4.9%
\$2,500	20.1%	16.3%	14.1%	12.1%	10.2%	7.4%	5.6%
\$3,000	21.8%	17.8%	15.4%	13.2%	11.3%	8.2%	6.2%
\$3,500	23.4%	19.1%	16.6%	14.3%	12.2%	9.0%	6.8%
\$4,000	24.8%	20.3%	17.8%	15.4%	13.1%	9.7%	7.4%
\$4,500	26.2%	21.5%	18.8%	16.3%	14.0%	10.4%	7.9%
\$5,000	27.4%	22.6%	19.8%	17.3%	14.8%	11.1%	8.4%

Medical Losses							
Deductible Amount	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	12.6%	10.1%	8.6%	7.1%	6.0%	4.1%	3.0%
\$1,500	15.2%	12.2%	10.4%	8.8%	7.4%	5.1%	3.8%
\$2,000	17.1%	13.8%	11.9%	10.0%	8.5%	5.9%	4.5%
\$2,500	18.7%	15.2%	13.1%	11.1%	9.4%	6.7%	5.0%
\$3,000	20.1%	16.4%	14.2%	12.1%	10.2%	7.3%	5.5%
\$3,500	21.3%	17.5%	15.1%	12.9%	11.0%	7.9%	6.0%
\$4,000	22.5%	18.4%	16.0%	13.7%	11.7%	8.5%	6.4%
\$4,500	23.5%	19.3%	16.8%	14.5%	12.3%	9.0%	6.8%
\$5,000	24.4%	20.1%	17.5%	15.1%	12.9%	9.5%	7.2%

Indemnity Losses							
Deductible Amount	HAZARD GROUP						
	A	B	C	D	E	F	G
\$1,000	2.7%	2.1%	1.9%	1.8%	1.6%	1.3%	1.0%
\$1,500	3.7%	2.9%	2.7%	2.5%	2.2%	1.9%	1.4%
\$2,000	4.6%	3.7%	3.4%	3.2%	2.8%	2.3%	1.8%
\$2,500	5.4%	4.4%	4.0%	3.8%	3.3%	2.8%	2.1%
\$3,000	6.2%	5.0%	4.6%	4.3%	3.8%	3.2%	2.4%
\$3,500	6.9%	5.6%	5.2%	4.8%	4.3%	3.6%	2.7%
\$4,000	7.5%	6.2%	5.7%	5.3%	4.7%	4.0%	3.0%
\$4,500	8.1%	6.7%	6.2%	5.7%	5.1%	4.3%	3.3%
\$5,000	8.7%	7.2%	6.6%	6.2%	5.5%	4.6%	3.6%

COMMERCIAL LINES MANUAL
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ADVISORY MISCELLANEOUS VALUES

Advisory Loss Elimination Ratios (continued) - The following percentages are applicable by deductible amount and hazard group on a per claim basis*:

Total Losses				
Deductible Amount	HAZARD GROUP			
	1	2	3	4
\$1,000	10.9%	8.4%	5.2%	3.2%
\$1,500	13.4%	10.4%	6.6%	4.1%
\$2,000	15.3%	12.0%	7.7%	4.9%
\$2,500	17.0%	13.4%	8.7%	5.6%
\$3,000	18.6%	14.7%	9.7%	6.2%
\$3,500	20.0%	15.9%	10.5%	6.8%
\$4,000	21.2%	17.0%	11.4%	7.4%
\$4,500	22.4%	18.0%	12.1%	7.9%
\$5,000	23.6%	19.0%	12.9%	8.4%

Medical Losses				
Deductible Amount	HAZARD GROUP			
	1	2	3	4
\$1,000	10.6%	8.1%	5.0%	3.0%
\$1,500	12.8%	9.9%	6.2%	3.8%
\$2,000	14.5%	11.3%	7.1%	4.5%
\$2,500	15.9%	12.5%	8.0%	5.0%
\$3,000	17.1%	13.5%	8.7%	5.5%
\$3,500	18.2%	14.4%	9.4%	6.0%
\$4,000	19.2%	15.3%	10.0%	6.4%
\$4,500	20.1%	16.0%	10.6%	6.8%
\$5,000	21.0%	16.8%	11.1%	7.2%

Indemnity Losses				
Deductible Amount	HAZARD GROUP			
	1	2	3	4
\$1,000	2.2%	1.9%	1.4%	1.0%
\$1,500	3.1%	2.6%	2.0%	1.4%
\$2,000	3.9%	3.3%	2.6%	1.8%
\$2,500	4.6%	3.9%	3.0%	2.1%
\$3,000	5.3%	4.5%	3.5%	2.4%
\$3,500	5.9%	5.1%	3.9%	2.7%
\$4,000	6.4%	5.6%	4.3%	3.0%
\$4,500	7.0%	6.0%	4.7%	3.3%
\$5,000	7.5%	6.5%	5.0%	3.6%

*The values shown for Hazard Groups 1 through 4 are for the reference of those carriers that have filed for the use of these hazard groups in accordance with Item B-1403.

Basis of premium applicable in accordance with the Basic Manual footnote instructions for Code:

7370--"Taxicab Co.":

Employee operated vehicle	\$48,893.00
Leased or rented vehicle	\$32,595.00

7420--"Aviation - Aerial Application, Seeding, Herding, or Scintillometer Surveying - Flying Crew":

Maximum payroll per week per employee	\$750.00
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WORKERS COMPENSATION POLICY PROGRAM

ADVISORY MISCELLANEOUS VALUES

Catastrophe (Other than Certified Acts of Terrorism) (Rate)	\$0.02
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Terrorism (Rate)	\$0.02
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Maximum Payroll applicable in accordance with Basic Manual Rule 2-E-1 -- "Executive Officers" and the Basic Manual footnote instructions for Code 9178 -- "Athletic Sports or Park: Noncontact Sports," Code 9179 -- "Athletic Sports or Park: Contact Sports," and Code 9186 -- "Carnival--Traveling"	\$2,500.00
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Minimum Payroll applicable in accordance with Basic Manual Rule 2-E-1 -- "Executive Officers"	\$300.00
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Per Passenger Seat Surcharge - In accordance with the Basic Manual footnote instructions for Code 7421, the surcharge is	
Maximum surcharge per aircraft	\$1,000.00
Per passenger seat	\$100.00

Premium Determination for Partners and Sole Proprietors and Members of Limited Liability Companies in accordance with Basic Manual Rule 2-E-3	\$31,900.00
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United States Longshore and Harbor Workers' Compensation Coverage Percentage applicable only in connection with Basic Manual Rule 3-A-4	86%
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(Multiply a Non-F classification rate by a factor of 1.86 to adjust for differences in benefits and loss-based expenses. This factor is the product of the adjustment for differences in benefits (1.67) and the adjustment for differences in loss-based expenses (1.116).)

Experience Rating Eligibility

A risk is eligible for intrastate experience rating when the payrolls or other exposures developed in the last year or last two years of the experience period produced a premium of at least \$8,000. If more than two years, an average annual premium of at least \$4,000 is required. Page A-1 of the Experience Rating Plan Manual should be referenced for the latest approved eligibility amounts by state.

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Supporting Document Schedules

Bypassed -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	06/10/2008
Bypass Reason:	Please see General Information Tab.			
Comments:				
Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status:	Approved	06/10/2008
Bypass Reason:	Not applicable. This is an NCCI Reference Filing.			
Comments:				
Bypassed -Name:	NAIC loss cost data entry document	Review Status:	Approved	06/10/2008
Bypass Reason:	Not applicable. This is an NCCI Reference Filing.			
Comments:				